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EDITORIAL

Hospital Staff Privileges

THE GROWING IMPORTANCE of hospitals as an essential element in much of modern day medical practice has made it necessary for the medical profession to develop ways for formal appraisal of hospitals and the competence of the medical staffs.

One of the steps taken in this direction some time ago is the *Guiding Principles for Physician-Hospital Relationships* which were agreed to by the California Medical Association and the California Hospital Association in 1960. Another is the recent action by the California Medical Association Council endorsing the principle of creating councils within hospital staffs for review of appeals by physicians whose staff privileges may have been curtailed or otherwise altered.

Court decisions in the past few years in cases involving the admissibility of a physician to a hospital staff, or the physician's failure to secure reappointment to a hospital staff have caused many hospitals and physicians, as well as attorneys, to review the questions involved.

Behind what appears to be a major change in judicial thinking is the evolution of the hospital from simply a hotel for sick people to a quasi-public institution operated for the benefit of the community—a place of special care where physicians may have access to costly equipment and to personnel skilled in using it.

The very fact that the hospital often is the only practical place for much of the care and treatment made possible by recent great advances in medicine has given the public a feeling of proprietary interest in hospitals. Further adding to this attitude is the availability of hospital construction funds from public agencies. Even strictly private hospitals that have never sought public moneys but

that have enjoyed tax advantages as non-profit charitable institutions for certain purposes may be considered quasi public in character because of the publicly granted tax advantage.

On this foundation the courts of our state have based several recent decisions involving district hospitals which have startled many physicians and many hospital administrators and board members. One such decision held that a physician may not be denied staff membership by the district board of directors simply because he does not carry malpractice insurance. In another case the court ruled against a hospital which had revoked a physician's staff membership on grounds that he was temperamentally unsuited to staff discipline. In still another case a judge ruled that a physician's past record was not to be used solely in judging his qualifications for staff membership at this time.

Despite these court decisions and others which might be mentioned, the courts have not been unaware of the desire of hospitals and their medical staffs to do their own policing job. Tissue and review committees in hospitals, designed to assure high standards of practice, have been recognized by the courts as effective and necessary. Such committees have even been granted a degree of immunity from civil actions where they are operating in the interest of good practice and for the benefit of the patients. This grant has come through legislative action but is bound to be recognized by the courts in the event of litigation.

The organization of hospitals staffs under bylaws is well recognized in our courts as essential machinery. Judicial censure is invoked, however, where staff bylaws permit or are interpreted to mean that a physician may be barred from staff membership or have his staff privileges curtailed for reasons that in the eyes of the court might be considered arbitrary or capricious. Staff privileges, the courts find, must be based in professional competence, observance of ethical standards and personal character. It is in such matters that the reviews by tissue committees and by other boards of appraisal within a